

# Citizens for the Treatment of High Blood Pressure, Inc.

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## NEWSLETTER

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TO: NATIONAL LEGISLATIVE NETWORK AND INTERESTED CITIZENS

FROM: MIKE GORMAN, EXECUTIVE DIRECTOR  
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A recent issue of Advance Data From Vital and Health Statistics from the National Center for Health Statistics reports data collected on physician office visits for hypertension. This issue of the Newsletter provides a summary of the above survey because it is the most complete statistical compilation to date of a trend which has received only impressionistic reportage until now. We've included the address where you may order a complete copy of the report.

Citizens for the Treatment of High Blood Pressure (CTHBP), in its effort to report to the field on the latest developments in hypertension, feels that this survey is indispensable in filling out the picture of where we stand today in detection and control of hypertension. The current survey does not, of course, tell the complete story of the nationwide offensive against hypertension. We are, therefore, attempting through statewide questionnaires and other mechanisms to develop a rounded picture of activities in both the public and private sectors of medicine and health professions in general.

However, it is quite clear from the enclosed survey data that the National Heart, Lung and Blood Institute's National High Blood Pressure Education Program and its member organizations\*

combined with the hypertension formula grants to the states administered through the Health Services Administration, is beginning to have a profound impact on both the detection and referral for treatment of millions of hypertensives who were previously unaware that they were victims of the disease. It is also a tribute to the massive screening and educational efforts of hundreds of voluntary citizens' organizations at the national, state and local level.

## SURVEY HIGHLIGHTS

### HYPERTENSION: MOST FREQUENT MORBIDITY-RELATED DIAGNOSIS

The National Ambulatory Medical Care Survey (NAMCS) notes that in calendar years 1975 and 1976 hypertension ranked first among all morbidity-related principal diagnoses in doctor office visits. There was a total of 74.7 million visits by patients aged 18 to 74 in which hypertension as a diagnosis was listed first, second or third in order of importance. In 46 million of these visits, hypertension was the primary diagnosis. This does not include millions more visits in which disease usually associated with hypertension was the primary diagnosis, or in which the cardiovascular or cerebrovascular consequences of untreated hypertension were the principal diagnoses.

\*See page 4.

### HYPERTENSIVES VISIT PHYSICIANS IN SOLO PRACTICE

Another significant disclosure of the report is that hypertension patients tended to visit physicians in solo practice more frequently than did patients representing all diagnoses combined. Seventy percent of hypertension visits were to physicians in solo practice, as opposed to 60 percent for all other diagnoses.

### OFFICE VISITS BY SEX, AGE AND RACE

Office visits by white females were the highest in all age groups over 45 years with visits by white males second. In the breakdown by age, the highest rate of doctor visits was reported for females in the 65-74 age bracket. This squares with the high incidence of hypertension among this age group, as reported in the 1974 Health Interview Survey conducted by the National Center for Health Statistics.

The rate of male visits peaked about 10 years younger, probably due to the generally greater male susceptibility to other cardiovascular disease which preempts a hypertensive diagnosis.

### NON-WHITE DATA INCOMPLETE

The current survey has some cautionary words about incompleteness and possible sampling errors with regard to blacks. It notes evidence that blacks make much more frequent usage of ambulatory medical care provided in hospital clinics and emergency rooms, visits which are not included in this NAMCS survey. Referring back to a previous Health Interview Survey (1974), about nine percent of ambulatory medical care visits by whites were to hospital clinics or emergency rooms, whereas more than twice that number of visits to these facilities were made by members of other races.

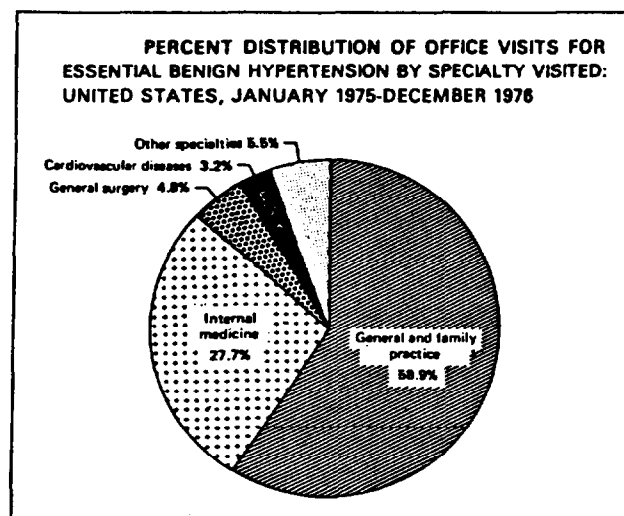
### TREATMENT MODALITIES

Drugs were the most frequent form of therapy; they were used in 61 percent of all visits for hypertension. Medical counseling was a part of treatment in only about 15 percent of hypertension visits.

### MOST HBP VISITS TO GP'S, INTERNISTS AND FAMILY PRACTITIONERS

The vast majority of visits for hypertension (87 percent) were to the general and family practitioner or the internist, with the remaining 13 percent scattered among the practices of specialists in cardiovascular diseases, general surgery and other diseases (see Fig. 1).

Fig. 1



### ONLY ONE-THIRD OF VISITS INCLUDED BLOOD PRESSURE CHECK

As the survey implies, the most revealing measurement of the extent of high blood pressure checks is contained in the data on patients who visited doctors for conditions other than hypertension. These statistics show that only one-third of all visits included high blood pressure checks as part of

Fig. 2

Number and percent of blood pressure checks made during office visits for all diagnoses  
by selected specialties: United States, January 1975-December 1976

Specialty	All diagnoses	
	Blood pressure checks in thousands	Percent of visits
All blood pressure checks.....	383,359	33.2
General and family practice.....	190,139	41.3
Internal medicine.....	77,859	59.7
General surgery.....	17,732	23.0
Obstetrics-gynecology.....	57,920	59.7
Cardiovascular diseases.....	9,679	71.6
Pediatrics.....	9,712	9.1
Orthopedic surgery.....	690	1.5
Urological surgery.....	2,797	13.5
Psychiatry.....	1,639	5.4
Neurology.....	848	22.4
Ophthalmology.....	1,094	2.0
Otolaryngology.....	496	1.8
All other specialties.....	12,754	7.4

the routine physical examination. Not unexpectedly, specialists in cardiovascular diseases made the most frequent use of blood pressure checks (72 percent of visits), while 60 percent of internists and obstetrician-gynecologists also took checks during routine visits (see Fig. 2).

#### SUMMARY IMPRESSIONS AND CHALLENGES

The bulk of the data in this highly significant report documents both the heightened public awareness of hypertension as a major health problem and the increased motivation of the individual patient to seek treatment. However, when we realize that there are 35 million hypertensives in the country and only about seven million of these on adequate treatment, we can place this study in its proper perspective. Furthermore, the fact that only one-third of doctors in

private practice routinely take blood pressure checks indicates that we are far short of the millenium.

The challenges facing the public and private sectors of medicine, the health professions generally and voluntary organizations are indeed many, but the bottom line is the continuing progress we are making in the first large preventive effort in this country against a chronic disease which takes such a tremendous toll in subsequent heart attacks, strokes and kidney failure.

COPIES of this survey can be obtained by writing to:

National Center for Health Statistics  
U.S. Dept. of H.E.W.  
3700 East-West Highway  
Hyattsville, Maryland 20782

Ask for: Advance Data, No. 28.

# IMPORTANT WORK TO BE DONE IN THE STATES

Our May report to the National Legislative Network analyzed important Federal legislation that will result in increased funds for hypertension control. But we are convinced as are many at the State level that the states must establish their own sources of revenue.

Our survey of the states finds that only 4 states have passed legislation authorizing state funds; two states passed legislation but received no appropriation and at least 2 states had legislation introduced this year but not passed. Several states are reporting the use of general revenue funds or funds from the chronic disease budget to supplement the Federal funding. A few state health departments are now including hypertension as a major item in their general budget.

CTHBP believes that a disease the magnitude of hypertension, with its consequences so well documented, needs

specific long range funding commitments to mount the needed education and control programs in every state. Enactment of specific legislation and public health policy is one of our goals. CTHBP is ready to help build citizen support for legislation and policy changes where necessary. Please let us know if we may help you in your state.

\*From page 1.

American Academy of Family Physicians  
 American College of Cardiology  
 American College of Chest Physicians  
 American College of Physicians  
 American Dental Association  
 American Heart Association  
 American Hospital Association  
 American Medical Association  
 American National Red Cross  
 American Nurses' Association, Inc.  
 American Osteopathic Association  
 American Pharmaceutical Association  
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 National Heart, Lung, and Blood Institute  
 National Kidney Foundation  
 National Medical Association